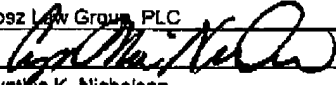



JAN 04 2008

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/612,087
		Filing Date	7/3/2003
		First Named Inventor	Katoh
		Art Unit	1772
		Examiner Name	Nasser AHMAD
Total Number of Pages in This Submission	4	Attorney Docket Number	24-007

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1) Request for Continued Examination (RCE) transmittal
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	4 January 2008	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	4 January 2008

JAN 04 2008

FEE TRANSMITTAL		Application Number		10/612,087	
		Filing Date		7/3/2003	
		First Named Inventor		Katoh	
		Examiner Name		Nasser AHMAD	
		Art Unit		1772	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.		24-007	
TOTAL AMOUNT OF PAYMENT		(\$)		930	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

- 20 or HP = x = Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x = Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)

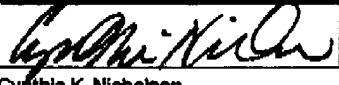
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = / 50 = (round up to a whole number) x =				

4. OTHER FEE(S)

Other	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other: <u>Petition for Extension (one (1) month): \$120; Request for Continued Examination: \$810</u>		930

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,880	Telephone (703) 707-9110
Name (Print/Type)	Cynthia K. Nicholson	Date	4 January 2008